

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8-25-04</u>		2 Serial/Patent # <u>09/764365</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing	—	7-28-04	\$ 130							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 130							
		8 TO BE REFUNDED BY:									
10 REASON:											
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Duplicate Payment		Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>4</td><td>--</td><td>1</td><td>7</td><td>0</td><td>0</td> </tr> </table>		0	4	--	1	7	0	0
0	4	--	1	7	0	0					
11 REFUND REQUESTED BY: <u>B. DAYON</u>											
TYPED/PRINTED NAME: <u>BONNIE DAYON</u>			TITLE: <u>PT. Exr</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>703 383865</u>								
OFFICE: <u>Portsmouth</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>8/31-04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**

Adjustment Date 08/31/2004  
08/04/2004 HALL  
01 FC:1460  
130.00 CR  
9364365